

Fatality due to carelessness of private hospitals

3294. SHRI DEVDASAPTE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that some of the hospitals in Delhi are responsible for causing fatal diseases to patients due to their improper, lethargic and lazy attitude;

(b) if so, the details thereof;

(c) how many such cases have been recorded, so far;

(d) what action Government have taken against those doctors and medical Staff who were found guilty; and

(e) whether Government have paid any compensation to the patients who died or suffered due to major diseases?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) Health being a State subject, it is for the Government of NCT of Delhi to regulate the functioning of private hospitals in Delhi and to take action in case any incident of fatal disease having been caused to any patient due to their improper, lethargic and lazy attitude is reported. Also, patient in private hospital have a right to approach the Consumer Court for compensation in any such cases.

Vacancies of Doctors

3295. SHRIMATI SHOBHANA BHARTIA:
SHRIMATI SUPRIYA SULE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether as per the Planning Commission's report 30 per cent posts of doctors are lying vacant in States and unavailability of doctors can be redressed if Government mobilizes doctors, trained under Indian System of Medicine like Unani and Ayurveda;

(b) whether his Ministry's proposal to enact legislation which would make rural posting in first year compulsory for fresh medical graduates

and also applicable to students who pass out from private medical institutions; and

(c) if so, what are the concrete proposals worked out in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As on March 2006, about 7.5% of the Primary Health Centres (PHCs) were without a doctor. In Community Health Centres (CHCs), about 54.5% of the sanctioned posts of specialists were vacant. Under National Rural Health Mission (NRHM), single doctor PHCs are being upgraded to two doctor PHCs by posting of an AYUSH practitioner. In the CHC, there is a provision of posting of an AYUSH practitioner as per Indian Public Health Standards (IPHS) for CHCs.

(b) and (c) A proposal to make one year rural posting mandatory for all fresh medical graduates including students to pass out from private medical colleges is under consideration of the Government.

Allocation of funds for AIDS

3296. SHRIMATI SUPRIYA SULE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have taken seriously to curb AIDS in the country;

(b) if so, whether the budgetary provision has been made for the first time to prevent the spread of HIV/AIDS;

(G) if so, what is the total amount allocated during the current year for the purpose;

(d) whether any allocation has been made to the different States from the budgetary support; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) National AIDS Control Programme was started in 1991. The third phase of National AIDS Control Programme has been prepared and will be implemented during XI Five Year Plan.